

Certification Application

RECYCLING CENTERS & PROCESSORS



Mail to: Department of Conservation • Division of Recycling • Certification Section
801 K Street • MS 15-59 • Sacramento, CA 95814-3533
Questions? Call: (916)324-8598

Instructions

- Print In Ink Or Type.
- Submit A Separate Form For Each Location Or Category.
- Indicate N/A For Any Items Which Are Not Applicable.

Office Use Only

App. # **A**

Certification No. _____

☐ 5 year ☐ Probationary: Expiration _____

OPERATOR INFORMATION

1) Category of Certification

(Check One)

☐ Recycling Center ☐ Processor

2)

Contact Person _____
First Middle Last Title

Organization Name _____
Fictitious Business Name, If applicable

Business Address _____
Address City County State Zip Code

Mailing Address _____
Address City County State Zip Code

Telephone Number () _____ () _____
Fax

3) Type Of Organization

(Check one box)

- a. ☐ Individual:
- b. ☐ Partnership: ___ General or ___ Limited **Submit copy of current partnership agreement.**
- c. ☐ Corporation: **Number as filed with Secretary of State** _____ **Submit Articles of Incorporation and list of current corporate officers.**
____ Profit or ____ Nonprofit (Select one)
____ Domestic or ____ Foreign (Select one) **If foreign, submit copy of certificate from California Secretary of State.**
Agent for service of process _____
- d. ☐ Limited Liability Company: **Submit Articles of Organization, Statement of Information and operating agreement.**
____ Domestic or ____ Foreign (Select one) **If foreign, submit copy of certificate from California Secretary of State.**
Agent for service of process _____
- e. ☐ Husband and Wife Co-Ownership: **Name of Spouse** _____
- f. ☐ Local Government Agency: ___ City ___ County ___ City & County ___ Other **Submit governing board resolution authorizing this application.**
- g. ☐ Federal Agency: ___ Military Installation ___ National Park ___ Other Federal Property _____
- h. ☐ Other (Explain): _____

4) Submit a copy of the fictitious business name statement, if applicable

5) Federal ID # (Employer ID#) _____
Corporations, partnerships and other organizations with paid employees must provide a Federal ID#.

Type Of Organization (Continued)

- 6) Are you, your spouse, your partner, or any corporate officer **currently certified** by the Department of Conservation, Division of Recycling, in any category? ☐ Yes ☐ No
If YES, Certification Number(s) _____
- 7) Have you, your spouse, your partner, or any corporate officer **ever been certified** by the Department of Conservation, Division of Recycling, in any category? ☐ Yes ☐ No
If YES, Certification Number(s) _____
- 8) Do you, your spouse, your partner, or any corporate officer have additional **pending applications** with the Department of Conservation, Division of Recycling, in any category? ☐ Yes ☐ No
- 9) Have you, your spouse, your partner, or any corporate officer ever had a certificate **denied, suspended, or revoked** by the Department of Conservation, Division of Recycling, in any category? ☐ Yes ☐ No
- 10) Do you speak English? ☐ Yes ☐ No
If NO, which language is spoken? _____

FACILITY INFORMATION

- 11) _____
Name of Facility _____ () _____
Facility Telephone Number, If Applicable _____
Facility Address _____
City _____ County _____ State _____ Zip Code _____
- 12) Identify the nearest cross street to the facility: _____
- 13) Property Ownership: ☐ Own ☐ Lease ☐ Rent ☐ Donated Space ☐ Other (specify): _____
Submit a copy of the current tax or mortgage statement, or current rental/lease agreement or written use agreement from the owner or leaseholder authorizing use of the property for a recycling business. The document must identify the operator and the facility address (as stated in item 11).
Name of Property Owner/Leaseholder _____ () _____
Telephone Number _____
Address _____ City _____ State _____ Zip Code _____
- 14) Has the facility or program **ever been operated** by a different certified operator or under a different facility name in any category? ☐ Yes ☐ No
a. Former facility name, if applicable: _____
b. Former operator name, if applicable: _____
c. Former certification number, if known: _____

- 15) What will be the facility's actual days and hours of operation?

(Must identify am/pm.)

Business hours:		Hours closed for lunch:	
Mon	____ a.m. / p.m. to ____ a.m. / p.m.	____ a.m. / p.m. to ____ a.m. / p.m.	
Tues	____ a.m. / p.m. to ____ a.m. / p.m.	____ a.m. / p.m. to ____ a.m. / p.m.	
Wed	____ a.m. / p.m. to ____ a.m. / p.m.	____ a.m. / p.m. to ____ a.m. / p.m.	
Thurs	____ a.m. / p.m. to ____ a.m. / p.m.	____ a.m. / p.m. to ____ a.m. / p.m.	
Fri	____ a.m. / p.m. to ____ a.m. / p.m.	____ a.m. / p.m. to ____ a.m. / p.m.	
Sat	____ a.m. / p.m. to ____ a.m. / p.m.	____ a.m. / p.m. to ____ a.m. / p.m.	
Sun	____ a.m. / p.m. to ____ a.m. / p.m.	____ a.m. / p.m. to ____ a.m. / p.m.	

If using reverse vending machine(s):

- ☐ **24 hours/7 days a week for:** ☐ Aluminum ☐ Glass ☐ Plastic
☐ Bimetal

RECYCLING CENTERS ONLY

- 16) Is this facility located on federal land? ☐ Yes ☐ No
If yes, submit authorization for State Inspectors to enter property.
- 17) Do you agree to inspect loads of empty beverage containers in accordance with the regulations? **All partners, both husband and wife co-owners must initial.**
☐ Yes ☐ No Your **original** initials _____
- 18) Do you agree to accept and redeem all type(s) of redeemable beverage containers at the facility? **All partners, both husband and wife co-owners must initial.**
☐ Yes ☐ No Your **original** initials _____
- 19) Are you requesting "grandfathered" status for your facility? ☐ Yes ☐ No
 If yes, which material types do you accept? ☐ Aluminum ☐ Glass ☐ Plastic ☐ Bimetal
Provide proof of operation as of January 1, 1986.
- 20) Number of Staff: Self _____ Others _____
- 21) Describe the methods used to collect and store redeemed beverage containers:
☐ Igloos ☐ Bins ☐ Trailers ☐ Reverse vending machines ☐ Carts ☐ Bales ☐ Pickup truck/Van/Auto
☐ Other (Explain): _____
- 22) If using reverse vending machine(s), indicate the proposed method for redeeming beverage containers which are not accepted by the machine(s).
☐ In-store redemption: Name and address of store: _____
☐ On-site attendant ☐ Other (Explain): _____
- 23) Are you applying for certification as a Nonprofit Convenience Zone Recycler ☐ Yes ☐ No
If yes, provide proof of Nonprofit Tax Exempt status.
- 24) Are you applying for certification as a Rural Region Recycler ☐ Yes ☐ No

PROCESSORS ONLY

- 25) Which redeemable beverage containers will be **accepted** at the facility? ☐ Aluminum ☐ Glass ☐ Plastic ☐ Bimetal
- 26) Indicate the method(s) to be used to cancel each type of redeemable beverage container by container type.
- | <i>Aluminum</i> | <i>Glass</i> | <i>Plastic</i> | <i>Bimetal</i> |
|---|---|--|--|
| <input type="checkbox"/> Shredding | <input type="checkbox"/> Crushed to uniform size acceptable by willing user | <input type="checkbox"/> Shredded | <input type="checkbox"/> Densification |
| <input type="checkbox"/> Densification to 30 lbs./cu. ft. | <input type="checkbox"/> Exported from State | <input type="checkbox"/> Exported from State | <input type="checkbox"/> Shredding |
| <input type="checkbox"/> Exported from State* | <input type="checkbox"/> Delivered to end-user | <input type="checkbox"/> Delivered to end-user | <input type="checkbox"/> Milling |
| <input type="checkbox"/> Delivered to end-user* | | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Nuggetting |
| <input type="checkbox"/> Other: _____ (Specify) | | | <input type="checkbox"/> Exported from State |
| *Containers must first be densified to 15 lbs./cu. ft. | | | <input type="checkbox"/> Delivered to end-user |
- 27) Do you agree to purchase redeemed beverage containers from any requesting certified recycler? ☐ Yes ☐ No
All partners, both husband and wife co-owners must initial. Your original initials _____
- 28) Do you transact business by appointment only? ☐ Yes ☐ No
If No, complete item #15 on page 2 of this application.

DECLARATION AND SIGNATURES

29)

a. I agree to operate the facility in compliance with the California Beverage Container Recycling and Litter Reduction Act, including all relevant regulations contained in Chapter 5 of Division 2 of Title 14 of the California Code of Regulations.

b. I declare under penalty of perjury under the laws of the State of California that all information on this application and supporting documents is true and correct and that I am authorized to sign this application.

Note: Please refer to note below (*) for information on who is eligible and required to sign this form.

Executed at _____ on _____
City County State (Month/ Day/Year)
 Signature _____ Title _____
 Printed Name _____ Residence Phone(_____) _____
 Residence Address _____
Address City State Zip Code
 Social Security # ** _____ California Driver License # _____

Executed at _____ on _____
City County State (Month/ Day/Year)
 Signature _____ Title _____
 Printed Name _____ Residence Phone(_____) _____
 Residence Address _____
Address City State Zip Code
 Social Security # ** _____ California Driver License # _____

Executed at _____ on _____
City County State (Month/ Day/Year)
 Signature _____ Title _____
 Printed Name _____ Residence Phone(_____) _____
 Residence Address _____
Address City State Zip Code
 Social Security # ** _____ California Driver License # _____

Executed at _____ on _____
City County State (Month/ Day/Year)
 Signature _____ Title _____
 Printed Name _____ Residence Phone(_____) _____
 Residence Address _____
Address City State Zip Code
 Social Security # ** _____ California Driver License # _____

Attach Additional Sheet if Necessary.

*** Who must sign affidavit: For Individuals-the applicant; Partnerships-each partner; Husband & Wife Co-ownerships-both husband & wife; Corporations, Limited Liability Companies, Government or Public Agencies-persons with authority to legally bind said entity to a contract (e.g., Executive Officer, Managing Member).**

**** Providing the Social Security Number is voluntary in accordance with the Privacy Act of 1974 (PL 93-579). This information is used for applicant identification purposes. Authority: California Beverage Container Recycling and Litter Reduction Act (Public Resources Code Section 14500 et seq.).**

FOR INFORMATION ONLY

What other recyclable material(s) do you collect or accept?

- | | | | | | |
|---|--------------------------------------|---|--|--|--------------------------------------|
| <input type="checkbox"/> Newsprint | <input type="checkbox"/> White Paper | <input type="checkbox"/> Computer Paper | <input type="checkbox"/> Cardboard | <input type="checkbox"/> Construction/Demolition | <input type="checkbox"/> Styrofoam |
| <input type="checkbox"/> Other Aluminum | <input type="checkbox"/> Scrap Metal | <input type="checkbox"/> Other Glass | <input type="checkbox"/> Other Plastic | <input type="checkbox"/> Telephone Books | <input type="checkbox"/> Magazines |
| <input type="checkbox"/> Auto Batteries | <input type="checkbox"/> Used Oil | <input type="checkbox"/> Yard Waste | <input type="checkbox"/> Oil Filters | <input type="checkbox"/> Tin Cans | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Mixed Paper | <input type="checkbox"/> Steel | <input type="checkbox"/> Copper | <input type="checkbox"/> Iron | <input type="checkbox"/> Toner Cartridges | <input type="checkbox"/> Other _____ |